

**SUMMARY OF THE MEETING OF  
THE NATIONAL HIGH BLOOD PRESSURE  
EDUCATION PROGRAM COORDINATING COMMITTEE**

**January 27, 1984  
Bethesda, Maryland**

1. Attendees
2. Announcements and Report from the Chair (Claude Lenfant, M.D.)
3. Report from the Joint National Committee (Harriet Dustan, M.D.)
4. Report on the 1985 National Conference (James Schoenberger, M.D.)
5. Report from the Minority Subcommittee (Effie Poy Yew Chow, Ph.D.)
6. Report from the Hypertension Branch (Michael J. Horan, M.D.)
7. Report from the Preventive Cardiology Branch (Gerald Payne, M.D.)
8. Report from the Program Coordinator (Edward J. Roccella, Ph.D.)

## 1. ATTENDEES

Attached is the list of attendees at the January 27, 1984, meeting of the National High Blood Pressure Education Program (NHBPEP) Coordinating Committee. The meeting was held from 9:00 a.m. to 3:00 p.m. at the Marriott Hotel in Bethesda, Maryland.

## 2. ANNOUNCEMENTS AND REPORT FROM THE CHAIR (CLAUDE LENFANT, M.D.)

### New Members and Membership Changes

Dr. Lenfant opened the meeting at 9:00 a.m. with introductions of three new representatives to the NHBPEP Coordinating Committee, providing brief biographical sketches about each.

- James Hunt, M.D., has replaced Walter Kirkendall, M.D., as the representative of the American Heart Association (AHA). Dr. Hunt is Chancellor at the University of Tennessee; previously he was Dean of College of Medicine at the University of Tennessee. Prior to that, he was chair of Department of Medicine at the Mayo Clinic and Mayo Medical School. Dr. Hunt is a Fellow of the American Academy of Cardiology, the American College of Physicians, and the American College of Clinical Pharmacology. He also served on the Medical Advisory Board for the Council for High Blood Pressure Research for AHA and on the Advisory Board for Systolic Hypertension in the Elderly. From 1977 to 1980, Dr. Hunt served on the National Heart, Lung, and Blood Advisory Council: from 1977 to 1980, he was Chair of the Executive Committee; and from 1977 to 1978, he was Chair of Publications.
- On September 30, 1983, the Coordinating Committee endorsed an application for membership from the American Public Health Association (APHA). The APHA named Steven Havas, M.D., as its

representative. Dr. Lenfant introduced Dr. Havas, noting that he was currently Deputy Commissioner for the Massachusetts Department of Public Health. Prior to that, he was Chief of the Bureau of Health Promotion and Disease Prevention in the Connecticut State Health Department. Dr. Havas was Special Assistant to the Director of the National Heart, Lung, and Blood Institute (NHLBI) from March 1979 to June 1980. In this role, he was responsible for putting together the bulletin, "Exercise and Your Heart," which has been one of NHLBI's "best sellers."

- The other organization voted to membership on the Coordinating Committee during the September meeting was the American Society of Hospital Pharmacists (ASHP), which named David Almquist as its representative. Mr. Almquist, who has been a member of ASHP since 1971, is currently Vice President of membership and organization liaison. He was a practicing pharmacist for 15 years with extensive experience in pharmacy management in hospitals ranging in size from 200 to 850 beds. Mr. Almquist is the ASHP's representative to several committees for the Food and Drug Administration, one of which is the Poison Prevention Council. He is a Certified Association Executive, which is given in recognition to individuals by the American Society of Association Executives.

Next, Dr. Lenfant announced that this would be the last meeting attended by Harry Metcalf, M.D., who has represented the American Academy of Family Physicians (AAFP). Dr. Metcalf is currently serving on the Joint National Committee on the Detection, Evaluation, and Treatment of High Blood Pressure (JNC) and represents the AAFP on the Coordinating Committee's Executive Committee. Dr. Metcalf is to be replaced by Theodore Safford, M.D. Dr. Lenfant presented Dr. Metcalf with an award on behalf of NHLBI and NHBPEP, citing his significant efforts and contributions. A similar award was presented to Dr. Kirkendall, AHA's former representative to the Coordinating Committee.

### **World Hypertension League Membership**

Dr. Lenfant announced that NHLBI and NHBPEP had been invited to join the World Hypertension League and that he had accepted. After explaining the purposes and goals of the League, he noted that he would represent the Coordinating Committee.

### **Papers Published**

A number of papers on various aspects of hypertension have been published recently by members of the Coordinating Committee. Papers by members of the JNC have also been published. In an effort to keep members apprised of such publications, Dr. Lenfant had directed staff to prepare a list of such publications. That list is enclosed as Attachment B.

### **Speaking Engagement**

Dr. Lenfant announced that he had addressed the Third Asian Symposium on Hypertension, which was held in November in Bali, Indonesia. His address focused on the NHBPEP, its organization, and its operation.

### **Surgeon General's Report**

Dr. Lenfant noted the recent publication of the Surgeon General's report on smoking and cardiovascular disease. He commended the report to Committee members and other attendees.

### **LRC Trials**

Dr. Lenfant then remarked briefly on the LRC Trials (Lipid Research Clinics Coronary Primary Prevention Trials). Several members made observations about results of the trials.

### NHLBI Budget

NHLBI's budget was the next topic. Dr. Lenfant noted that this would be a good year for the Institute, and that many programs, such as the Systolic Hypertension in the Elderly Program (SHEP), were underway.

### Merit Award - Communications

Dr. Lenfant announced that the NHBPEP had received a merit award for communication to black communities. He noted that this was not the first such award, the Program has won it several years in a row.

### 1983-1984 PSAs

Next, Dr. Lenfant reintroduced the subject of the 1983-84 public service announcements (PSAs), specifically those in the "Are You Behavin'?" segment of the campaign. He recalled the concerns that some members had expressed during the September 27, 1983, meeting, going on to summarize results of message testing that had been conducted. These tests, which involved both black and white viewers at six sites, had yielded no evidence of offensiveness to viewers.

Because of the Coordinating Committee's concerns, the issues surrounding the PSAs were brought to the Minority Subcommittee at its December 9, 1983, meeting. Following the meeting, John Karefa-Smart, M.D., the Minority Subcommittee Chair, visited Dr. Lenfant to provide results of the Subcommittee's discussions. Dr. Lenfant observed that one of the Subcommittee's principal objections -- lack of prior consultation -- was well taken, and that he had directed that steps be taken to ensure that this did not occur in the future.

Dr. Lenfant noted that one of the options relayed by Dr. Karefa-Smart was distribution to as many as 50 selected large metropolitan areas, specifically those with large concentrations of black viewers. However, Dr. Lenfant felt that the number of sites should be further limited, and he intended to direct that distribution be limited to about 25 cities (of the 210 initially planned).

Dr. Lenfant then asked Effie Poy Yew Chow, Ph.D., to relate her impressions as to what had transpired at the Minority Subcommittee meeting with respect to the PSAs. Dr. Chow reported that several members of the Subcommittee felt that the "Are You Behavin'?" PSAs contained a misleading statement, specifically, the "I'm feeling great" tag on several of the spots. This statement seemed to imply that taking medication was the reason for "feeling great."

Other concerns of the Subcommittee related by Dr. Chow included the fact that the show business flavor of the PSAs would have limited appeal in the lower economic parts of the black community, the very target for the PSAs. She suggested that there were better ways of appealing to this target population.

Dr. Lenfant concluded these discussions by stating that steps would be taken to improve the process.

#### Executive Committee

Next, Dr. Lenfant directed the attention to the subject of the Coordinating Committee's Executive Committee. He noted that some may question the need for an active Executive Committee in view of the September decision of the full Coordinating Committee to conduct three or four meetings per year. He stated that he wanted to keep the Executive Committee intact, but to convene it only on an ad hoc basis when the need arose. Dr. Lenfant noted that it was an appropriate time to discuss the matter since the terms of two organizations will expire in March. He then

5. REPORT FROM THE MINORITY SUBCOMMITTEE (EFFIE POY YEW CHOW, Ph.D.)

Dr. Chow's report dealt solely with the December 9, 1983, meeting of the Minority Subcommittee. She stated that there had been two principal purposes for the meeting. The first was to discuss important high blood pressure issues and to make recommendations to the Director of NHLBI. The second objective was to meet Dr. Lenfant's request for guidance about the PSAs and campaign. Since PSAs had already been discussed, Dr. Chow confined her remarks to the first objective.

Four presentations were made at the December meeting of the Minority Subcommittee, one for each of the major minority populations represented. Dr. Chow summarized these presentations as follows:

American Indians - Rosemond Goins, R.N.

Problems:

- There is a high prevalence of cardiovascular disease in the general American Indian population.
- Nutrition is a serious problem as evidenced by obesity in some tribal populations.
- Diabetes represents a monumental problem.
- The prevalence of cancer is steadily rising.

Recommendations:

- Demonstration projects are needed that would encompass a holistic health approach to treatment.
- There is a continuing need for professional and patient education projects.

- Assistance to the Indian Health Service through interagency agreements to improve the quality of care is needed.

### Hispanic Population - Amelie Ramirez, M.P.H.

#### Problems:

- There are high prevalence rates of high blood pressure, obesity, and diabetes among Mexican American, Puerto Rican, and Cuban populations.
- Mass media should be better used to communicate accurate and relevant health information to these populations.
- Research demonstration projects that would provide relevant materials for Hispanic audiences are needed.

#### Recommendations:

- A demonstration and education project is needed that would explore the unique social support systems existing in the Hispanic structure that impact on nutrition, family health, and other related decisions. A rigid research design would be incorporated for (a) validating the community diffusion model; (b) determining whether the same health promotion/health education protocol can be used for the Hispanic subgroups (e.g., similarities, differences); (c) determining the obstacles to achieving behavioral changes among each of the Hispanic subgroups; and (d) determining the influences of family processes in health-care decision making.



## Black Americans - Frank Douglas, M.D., Ph.D.

### Problems:

- Research is needed on the role of stress as a factor in cardiovascular diseases.
- Research is needed on the role of sodium and potassium in blacks.

### Recommendations:

- NHLBI should support research that focuses on racial differences in physiological mechanisms that are related to control of high blood pressure.
- Research is needed to foster the establishment of normal values of serum chemistries and hormones (e.g., catecholamines, cholesterol, plasma renin activity) in black populations as a function of age and sex.
- NHLBI should increase the training of black basic scientists.
- NHLBI should focus research on biomedical effects of long-term antihypertensive therapy in blacks.
- NHLBI should focus on side effects and long-term effects of drug therapy.
- Provisions should be made for follow-up care for patients who participate in studies such as the Hypertension Detection and Follow-up Program.
- NHLBI should sponsor international studies to establish normal laboratory values (e.g., cholesterol, hormones) in blacks in other countries (e.g., Jamaica, Ghana) for comparison with values for blacks in the United States.

### Asian Pacific - Geoffrey Woo-Ming, M.D.

#### Problem:

- Research is needed on the role of dietary changes and environmental and genetic factors in determining hypertension development and cardiovascular disease.

#### Recommendations:

- An in-depth comparative analysis should be undertaken with regard to factors with significant potential for elucidating the reasons for the different prevalences of high blood pressure, heart attack, and stroke among Asian/Pacific Islanders.
- A case control study is needed in which Chinese, Japanese, Filipino, and Samoan families are screened, with controls from the same ethnic/cultural group.

Dr. Chow concluded her report by noting that a national forum on hypertension in minority populations is planned for the fall of 1985.

### 6. REPORT FROM THE HYPERTENSIVE BRANCH (MICHAEL J. HORAN, M.D.)

Dr. Horan began his report by presenting a generic overview of the NHLBI biomedical research spectrum, noting that work in the Division of Heart and Vascular Diseases involved five areas of the research spectrum: basic research, applied research, clinical investigation, clinical trials, and demonstration programs. He noted that the Division constantly seeks to identify new areas for research. The Division's long-term objective -- disease prevention -- relies heavily on basic research. Shorter-term objectives, such as the control of high blood pressure, rely on clinical research, clinical trials, and demonstration programs.

Dr. Horan then turned his attention to 1984-85 Requests for Applications (RFAs), touching briefly on the following:

- Hypertension SCOR - Specialized Center of Research (multidisciplinary research).
- Hypertension NRDC - National Research and Demonstration Center.
- Pathogenesis of essential hypertension: neurobiological and molecular biological approaches.
- Sodium sensitivity: blood pressure changes in response to sodium intake.
- Cardiovascular disease prevention in the workplace.

The next topic addressed by Dr. Horan was 1984-85 clinical trials. He reminded the audience of the NHLBI/NIA-sponsored Systolic Hypertension in the Elderly Program (SHEP), which had been discussed by Curt Furberg, M.D., at the last meeting.

FY 1984 program announcements was the next topic, and Dr. Horan noted two that he felt would be particularly interesting to members of the Coordinating Committee:

- Research on hypertension in pregnancy.
- Biobehavioral sequelae of antihypertensive therapy.

The final topic of Dr. Horan's report was the schedule of workshops for the near future:

- Nutrition and hypertension (March 12, 13, and 14).
- Guidelines for treatment of mild hypertension.
- Detection and therapy of renovascular hypertension.
- Research needs in hypertension and aging (September).
- Stress, cardiovascular reactivity, and cardiovascular disease.

## **7. REPORT FROM THE PREVENTIVE CARDIOLOGY BRANCH (GERALD PAYNE, M.D.)**

Dr. Payne reported on the five site demonstration project. He noted that the project was based upon essential elements of HDFP as well as JNC-II recommendations, adapted for use in high volume, high risk centers. The targeted groups, which were treated in neighborhood centers, involved high risk individuals and the medically underserved. He reported that the five centers included:

- Two urban centers serving predominantly black populations,
- Two rural centers, also serving predominantly black populations, and
- One rural center with a Hispanic population.

The five-site project involved the introduction of six innovations:

- Stepped Care,
- Goal blood pressure,
- Regular review of patient progress,
- Patient education,
- Aggressive follow-up, and
- Community intervention.

Dr. Payne noted that community interventions included professional education, coordination, use of community organizations, public education, and special screening.

Dr. Payne concluded his report with a discussion of project evaluation. This has involved:

- Following patient cohorts (2,000 hypertensive individuals);
- Review of patient records; and
- Recording activities, problems, and solutions.

The initial evaluation after one year indicated that control levels increased from 45 to 56 percent.

8. REPORT FROM THE PROGRAM COORDINATOR (EDWARD J. ROCCELLA, Ph.D.)

Dr. Roccella opened by announcing that the NHBPEP support contractor, Kappa Systems, Inc., had moved, establishing offices in Washington, D.C., as required under the terms of its new contract. Attachment E provides telephone numbers for Kappa staff.

Dr. Roccella outlined the schedule of regional conferences for the balance of the year, requesting support for these conferences from organizations represented on the Coordinating Committee. Attachment F contains an updated list.

At the September meeting, Dr. Roccella had announced plans to contact about one-third of the member organizations with requests to recertify their representatives. He reported that all 10 organizations contacted had replied.

Dr. Roccella next outlined the principal NHBPEP activities on which efforts would be focused in the coming months. These included:

- Completing the JNC report and initiating its marketing;
- Finishing the supplement to the Report of the Working Group on Definitions;
- Completing work on the report to be developed by Dr. Frohlich's JNC subcommittee;
- Establishing a working group on health education (Dr. Levine will be deeply involved in this); and
- Providing assistance to Dr. Schoenberger for the 1985 National Conference to ensure its success.

He also noted that the 1979-1980 HANES data were now loaded on the NIH computer, and extensive analyses of these data were planned.

Dr. Roccella concluded by stating that he, like Dr. Lenfant, wants to look forward, and that he and staff were committed to doing so.

There being no further business, Dr. Lenfant adjourned the meeting at 3:00 p.m.